

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006045

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

200

Registrar's No.

231

STATE FILE NUMBER

1. PLACE OF DEATH

6 1963

a. COUNTY

Green County

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield, Mo

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)

Burge Protestant

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Barry

c. CITY

OR

Monett

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Robert Todd

McFee

4. DATE
OF
DEATH

Month

Day

Year

Mar.

1 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb. 27, 1963

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Cassville Hospital

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Bruce McFee

13b. MOTHER'S MAIDEN NAME

Jewell Simpson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bruce McFee

Monett, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Atelectasis

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

3 days

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Mar 1, 1963

to Mar 1, 1963

and last saw her alive on

Mar 1, 1963

Death occurred at

Mar 1, 1963

P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

22c. DATE SIGNED

3/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

Arnhart Cemetery

23d. LOCATION (City, town, or county)

East of Purdy, Mo.

24. FUNERAL DIRECTOR

Address

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bennett-Wormington Funeral Home

3-5-63

Effie E. McFee

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

6397

20055

3

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97625

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12 1-0

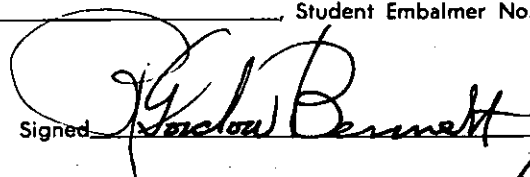
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4213

P. O. Address

Monett, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.